

STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

STATE FILE NUMBER

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1101-B

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>NIANGUA</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE</b>		d. STREET ADDRESS (If outside, give location) <b>4 MI EAST</b>	
Length of stay in lb <b>3 DAYS</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>LETTERMAN</b> Last <b>LETTERMAN</b>		4. DATE OF DEATH Month <b>NOV</b> Day <b>13</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 2 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>79</b>
11a. FATHER'S NAME <b>ISRAEL LETTERMAN</b>		11b. MOTHER'S MAIDEN NAME <b>JANE CARRISON</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>FRED LETTERMAN</b> Address <b>SPRINGFIELD</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>5-6 yrs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4200</b>	
20c. TIME OF INJURY Hour <b>4:35</b> Month, Day, Year <b>NOV 13 1957</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>SPRINGFIELD</b> COUNTY <b>MO</b> STATE <b>MO</b>	
21. I attended the deceased from <b>March 18, 1957</b> to <b>Nov. 13, 1957</b> and last saw him alive on <b>Nov 12, 1957</b> Death occurred at <b>4:35 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>William F. Plouffe, M.D.</b> (Degree or title)	
22b. ADDRESS <b>211 prof. Bldg., Springfield, Mo</b>		22c. DATE SIGNED <b>11-15-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-15-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COPENING</b>	23d. LOCATION (City, town, or county) (State) <b>WEBSTER Co MO</b>
24. FUNERAL DIRECTOR <b>BARBER-EDWARDS MARSHFIELD</b>		25. DATE RECD. BY LOCAL REG. <b>11-18-57</b>	
26. REGISTRAR'S SIGNATURE <b>Wm. F. Plouffe</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

**Student** .....  
**Signature of Student Embalmer**

Signed \_\_\_\_\_

Licensed Embalmer No. 5111

P. O. Address 1111 Crane Rd

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

**If this body is not embalmed, fact should be so stated above.**